06208 USA

PTO/SB/01 (03-01)
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

Attorney Docket Number

DECLARATION FOR	UTILITY OR	First Named Invent	or He	elmut Zecha	
DESIGN		COMPLETE IF KNOWN			
PATENT APPLICATION				/	
(37 CFR 1.63)		Application Number			
Declaration X C	Declaration	Filing Date			
Submitted OR S	Submitted after Initial	Group Art Unit	Ì		
Filing (	Filing (surcharge 37 CFR 1 16 (e))	Examiner Name			
r	required)	LABITARIES INSTITUTE			
As a below named inventor, I here	by declare that:				
My residence, mailing address, and o	citizenship are as stated	below next to my name.			
y v v v v v v v v v v v v v v v v v v v	ale inventor (if only one t	name is listed below) or all	n original, firs	at and joint inventor (if	plural plural
names are listed below) of the subje-	ct matter which is claime	d and for which a patern	a acugni on	CHO ATTOCKSOTT GENERAL	
Shear Thinning Vinyl Acetate I	Based Polymer Late:	x Composition, Espe	cially For A	\dhesives	
Oned Timing They	•				
	(Title of the	Invention)			
the specification of which	,				
the specification of which					
X is attached hereto					
27					
OR		as United State	se Annlication	n Number or PCT Inte	ernational
was filed on (MM/DD/YYYY)		as Office State	sa Application	Transport of Total	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
i.					
			, [		(if applicable).
Application Number	and was an	nended on (MM/DD/YYYY	<sup>')</sup>		(i. applicable).
\					
I hereby state that I have reviewed	and understand the conf	tents of the above identific	ed specificati	on, including the clain	ns as
amended by any amendment spec	inically referred to above				
l acknowledge the duty to disclose	information which is mat	terial to patentability as de	fined in 37 C	FR 1.56, including for	r continuation-
l acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	ううりつり はりじつ ひんじっぱん カマイ	made degreen me ming c	ate or the pi	ioi application and the	s national of
		0 ( ) ( I) (D 0000(h) 0	f any foreign	application(s) for pat	tent, inventor's
I hereby claim foreign priority bene or plant breeder's rights certificate	e(s), or 365(a) of any P(	CT international application	on which de	signated at least one	application for
or plant breeder's rights certificate than the United States of America patent, inventor's or plant breeder	<ul> <li>a, listed below and have</li> <li>c rights certificate(s), or</li> </ul>	e also identified below, it r any PCT international a	pplication ha	iving a filing date before	ore that of the
application on which priority is clair	med.				
Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime	Certified Cop	y Attached? NO
Number(s)	Journey	(MIMIODI 1 1 1 1)			
		- CALLACTOR			H
		- Laboratoria			500

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto-[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents. Washington, DC 20231.

## **DECLARATION** — Utility or Design Patent Application

				-	
Disease all correspondence to:	stomer Numbe Bar Code Labe			DR 🗌 C	Correspondence address below
Name	Air P	235 roducts and	43 Chemicals, I	nc	
Address					
Address					
City			State		ZIP
	Telephon	ıe.			Fax
Country	10001101	. <del>-</del>	·		
I hereby declare that all statements made are believed to be true; and further that made are punishable by fine or imprison validity of the application or any patent iss	these statements we ment, or both, under	18 U.S.C 1	1001 and th	nat such willful fa	alse statements may jeopardize th
NAME OF SOLE OR FIRST INVE	NTOR:		A petitio	n has been fi	led for this unsigned invento
Given Name (first and middle [if any]) Helmut Family Name or Surname					
Inventor's Signature		<u> </u>			Date
Residence: City 84489 Burghausen		State		ermany country	Germany Citizenship
von Bayer-Str. 8 Mailing Address					
Mailing Address					
84489 Burghausen City	State	ZIP			Germany Country
NAME OF SECOND INVENTOR			A petiti	on has been	filed for this unsigned invent
Given Name (first and middle [if any]) Rudolf  Family Name or Surname  Family Name or Surname					
Inventor's					
Signature				Germany	Germany
84489 Burghausen Residence: City		State		Country	Citizenship
Karl-Gros-Str. 8 Mailing Address					
Mailing Address	-				-
84489 Burghausen	State		ZIP		Germany Country
X Additional inventors are being name	d on the 1 supple	mental Add	itional Inve	ntor(s) sheet(s)	PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box -	<b>&gt;</b> [.	+ ]	i

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page \_\_1 of \_\_1

	T					
Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor				
Given Name (first and middle [ɪf any])		Family Name or Surname				
Francis Peter		Petrocelli				
Inventor's Signature					Da	te
Allentown Residence: City	PA State		U.S.A. Country		U.S Citiz	A. enship
Mailing Address 2373 Juniper Drive		₽-Million				
Mailing Address					Λ	
City Allentown	State State	Z	IP	18037 U.S Cou	.A. ntry	
Name of Additional Joint Inventor, if any	<b>/</b> :	□ A		,		nsigned inventor
Given Name (first and middle [if any])		Family Name or Surname				ame
					<del></del>	
Inventor's Signature				VAL.		Date
Residence: City	State	С	ountry		С	itizenship
Mailing Address						
Mailing Address	4					
City	State	State ZIP			Country	
Name of Additional Joint Inventor, if ar	ıy:	□ A	petition has	been filed for	this ur	nsigned inventor
Given Name (first and middle [if any])		Family Name or Surname				
					·	
Inventor's Signature		T				Date
Residence: City	State	Country			Citizenship	
Mailing Address						
Mailing Address						F.,
City	State		ZIP		Соц	ntry

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chref Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents. Washington, DC 20231.